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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).										
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name											
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:										
Name Registration Number Name Registration Number Name Registration Number Walt Froloff  52,923  as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Individual Name Walt Froloff  Address  273D Searidge Rd  City Aptos State CA Zip 95003  Country USA  Telephone 831-685-2446 Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart  330 N.C.IVIC DE # 370  WALLIUT CREEK, A A 4596  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Date 1(-15-06)  Name Reed Burkhart Telephone 925-639-1821											
Walt Froloff  52,923  Walt Froloff  Size Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Individual Name  Walt Froloff  Address  273D Searidge Rd  City  Aptos  Country  USA  Telephone  831-685-2446  Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart  330 N.C.IVIC DE # 310  WALLUCT CREEK, CA  Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Reed Burkhart  Title  Inventor of Pat App No. 09/847590	X Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Individual Name Walt Froloff  Address 273D Searidge Rd  City Aptos Cantry USA  Telephone 831-685-2446 Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart 330 N.C.IVIC DF \$3.10 CALIVIC CETT, CALIVI		Name		Number 🕏		Name			~		
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name Walt Froloff  Address 273D Searidge Rd  City Aptos CA Zip 95003  Country USA  Telephone 831-685-2446 Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart 330 N.C.IVIC DR # 3/0 YAS96  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Name Reed Burkhart Telephone 925-639-1821  Title Inventor of Pat App No. 09/847590	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents										
The address associated with Customer Number:  OR    Firm or   Individual Name   Walt Froloff     Address   273D Searidge Rd     City   Aptos   State   CA   Zip   95003     Country   USA     Telephone   831-685-2446   Email   patentalchemy@yahoo.com     Assignee Name and Address:    Reed Burkhart   330 N.C.IVIC   OF # 3/0   VALUUT   CREEK   (1)   94596     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.    SIGNATURE of Assignee of Record   The individual whose signature and title is supplied below is authorized to act on behalf of the assignee											
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OR    Silm or   Malt Froloff											
Signature   Walt Froloff     Address   273D Searidge Rd     City											
Address  273D Searidge Rd  City Aptos  State CA  State CA  Telephone  831-685-2446  Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart 330 N.CIVIC OR# 310 VALUUT CREEK, A 94596  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Reed Burkhart  Telephone 925-639-1821  Title Inventor of Pat App No. 09/847590	F	Firm or Wolf Eroloff									
Apros  Country  USA  Telephone  831-685-2446  Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart  330 N.CIVIC DF # 3/0  WALDUT CREEK, (1) 94596  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Reed Burkhart  Title Inventor of Pat App No. 09/847590	<del></del>	Address									
Telephone  831-685-2446  Email patentalchemy@yahoo.com  Assignee Name and Address:  Reed Burkhart 330 N.CIVIC DR# 310 WALNUT CREEK, en 94596  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Reed Burkhart  Telephone 925-639-1821  Title Inventor of Pat App No. 09/847590	City	City Aptos			State CA			<sup>Zip</sup> 95003			
Assignee Name and Address:  Reed Burkhart 330 N.CIVIC OF# 370 WALNUT CREEK, (A 94596)  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Reed Burkhart  Telephone 925-639-1821  Title Inventor of Pat App No. 09/847590	Country USA										
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Name Reed Burkhart Title Inventor of Pat App No. 09/847590	Signature	Kad	w. L				Date	11-15-06	<u></u>		
	Name						Telepho	Telephone 925-639-1821			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed of port to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.